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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) |
|---|------------------------|--------------------------|
| FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | L0096.0001 |
| Application Number | 10/553,679-Conf. #1840 | Filed April 8, 2004 |
| For DEVICE FOR THE DESYNCHRONIZATION OF NEURONAL BRAIN ACTIVITY | | |
| Art Unit | 3762 | Examiner G. R. Evanisko |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | Fee | Small Entity Fee |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 \$ 130.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u> . | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>66,018</u> | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | |
| <u>/Paul C. Maier/</u> | | August 16, 2010 |
| Signature | | Date |
| <u>Paul C. Maier</u> | | (212) 277-6682 |
| Typed or printed name | | Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted. | | |